


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000003284	
1. Entity Name CREATIVE KIDS PRE-SCHOOL, INC.	

Principal Place of Business 2801 S.W. 20TH ST. OCALA, FL 34474	Mailing Address 2801 S.W. 20TH ST. OCALA, FL 34474
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04112008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3330833	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SCHWEITZ, FREDERICK O
400 S.W. 48TH ST. RD.
OCALA, FL 34474

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CURTIS, DIANE
STREET ADDRESS	1536 SOUTHEAST 27TH STREET
CITY-ST-ZIP	OCALA, FL 34474
TITLE	D
NAME	CLEMENT, GLENNA
STREET ADDRESS	5301 SOUTHEAST 110TH STREET
CITY-ST-ZIP	BELLEVIEW, FL 34420
TITLE	PD
NAME	SCHWEITZ, FREDERICK O
STREET ADDRESS	400 SOUTHWEST 48TH STREET ROAD
CITY-ST-ZIP	OCALA, FL 34474
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/27/08-80071-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **7/28/08** **237 6149**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #